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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Mele
District of _____
Town of Miami
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152
County Registrar No. 420
Local Registrar No. _____

2. Full name of child Verl Hawkins (If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth June 25-1923
Month Day Year

8. FATHER Full name Abraham Lincoln Hawkins 14. MOTHER Full maiden name Lilly Palmer
9. Residence (Usual place of abode) Miami - Ariz. 15. Residence (Usual place of abode) Miami - Ariz.
If nonresident, give place and state If nonresident, give place and state

10. Color or race White 11. Age at last birthday 32 (Years) 16. Color or race White 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Eden 18. Birthplace (city or place) Eden
(State or country) Arizona (State or country) Arizona

13. Occupation Timberman 19. Occupation Housewife
Nature of industry Nature of industry

20. Number of children of this mother (a) Born alive and now living 8 21. Were precautions taken against oph-
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0 thalmia neonatorum? yes
(c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 7:40 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. M. Crow M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____
Month, day, year.

Filed July 31, 1923 C. E. J. J. Local Registrar.
Filed Aug 3, 1923 B. E. J. J. County Registrar.

Registrar.

582-625-379